

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICIAL USE ONLY	
Date Received: <u>Sept. 22, 2017</u>	Case Number: <u>18-21</u>

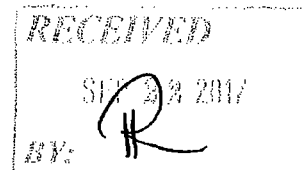
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Jim Maciulla
Premise Name: Continental Animal Wellness Center
Premise Address: 4405 E. Huntington Drive
City: Flagstaff State: AZ Zip Code: 86004
Telephone: 928-523-6008

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: MEa STEES
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Kit
Breed/Species: Feline Domestic Short Hair
Age: 12 years Sex: Male Neutered Color: Orange/White

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Tim Maciulla
Dr. Alicia Brechman
Continental Animal Wellness Ctr
4405 E. HUNTINGTON Drive
Flagstaff, AZ 86004
928-522-6008

Dr. Toni Barnes
Dr. Jenni Siess
Westside Veterinary Clinic
963 W. Route 66, Ste 230
Flagstaff, AZ 86001
928-779-0142

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Martene Eibner

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Mae Stoe

Date: September 18, 2017

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Kit had always been a very healthy cat since he became my pet in 2005.

On March 10, 2016, dental surgery was performed on Kit at the Continental Animal Wellness Center which was very similar to that performed on Thursday, August 17, 2017. In the 2016 dental surgery, Kit, with the exception of not easily accepting the post-surgery medication, fully recovered.

On August 17, 2017 dental surgery was performed on Kit at the Continental Animal Wellness Center. Kit was taken home after the dental surgery. He was isolated and given a warm bed and water and offered a small amount of food. He refused the food which was understandable. Since he refused the food, he was not given the post-surgery medication.

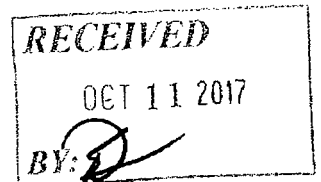
For three days after the dental surgery, because Kit had not eaten, on Monday 21 August, Kit was taken back to Continental Animal Wellness Center where he was seen by Dr. Bruchman. Dr. Bruchman claimed Kit had an Upper Respiratory Infection, which he did not have prior to the surgery. Kit was given an antibiotic shot and I was told to administer saline solution subcutaneously. Dr. Bruchman treated Kit because Dr. Maciulla was not there on Mondays. It was never suggested by Dr. Bruchman that I seek another opinion.

On Tuesday, 22 August Kit showed no improvement. Even though Continental Animal Wellness Center called to check on Kit, I made the decision to get a second opinion. I took Kit to Dr. Toni Barnes at the Westside Veterinary Clinic. Dr. Barnes examined Kit and did a blood panel. She recommended that Kit be cared for overnight, but said the prognosis was not good.

Dr. Jenny Siess at the Westside Veterinary Clinic cared for Kit overnight and after several voice mails during the night, I learned that Kit was in kidney failure. I went to Westside Veterinary Clinic Wednesday morning, 23 August and Dr. Siess euthanized Kit.

Since Kit had always been a healthy cat, I am convinced that something went terribly wrong during the dental surgery on August 17 that resulted in the "Upper Respiratory Infection" and, last but not least, the kidney issue, and finally, my having to euthanize Kit.

James H. Maciulla, DVM
AZVMEB License #3888
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



October 10, 2017

Please note: This complaint is in regards to a case I was involved with on August 17, 2017 while employed at Continental Animal Wellness Center, PC. I was in transition as the previous owner of the practice, which was sold to my associate, Dr. Alicia Bruchman, on August 8, 2017. My last day of employment with Continental Animal Wellness Center, PC was August 30, 2017. I respectfully ask that all contact and dialogue as it pertains to myself in this case be made to me personally via the contact information above.

18-21 In Re: James Maciulla, D.V.M
Case Narrative:

Ms. Stees presented her cat "Kitt" to me on 8/17/17 for professional dental cleaning/oral surgery purposes. I performed similar services on this patient on 3/10/16 with no remarkable adverse consequences. I have had no other direct or indirect contact with this animal in the entirety of its life outside of these two events.

Ms. Stees is the owner of a FeLV and FIV positive colony of feral and semi-feral cats, mostly obtained through a feral cat rescue program that she has ongoing involvement with. All of the animals in Ms. Stees colony are co-mingled, and Ms. Stees routinely refuses to have cats in this colony blood tested for FeLV/FIV, including "Kit". Ms. Stees also refuses to adhere to professional medical advice to isolate known retroviral positive cases, and continues to introduce feral cats to her colony with unknown health status. In several years of providing professional medical services to Ms. Stees' colony, I have been witness to several cases of terminal neoplasia, chronic stomatitis, chronic respiratory disease, recurrent abscesses, and deaths of unknown causes. I have advised Ms. Stees on multiple occasions that all medical procedures on her colony of cats carry higher than normal risks of adverse outcomes. The only cats that I've been allowed to test for retroviral disease have been ill at the time of testing. I have never performed FeLV or FIV testing on "Kit", against my professional medical advice to Ms. Stees.

As indicated on the attached medical record, I performed a pre-anesthetic examination on "Kit" on the morning of 8/17/17. There were no overt abnormalities noted at examination, and I recommended to Ms. Stees to have a complete pre-anesthetic blood profile performed on Kit prior to anesthesia, which she declined. I also advised that IV fluid therapy be included in Kit's anesthetic plan, which was also declined by Ms. Stees. Hospital policy is to perform a mandatory hematocrit, total protein, and blood glucose (known as PAPR in medical record) for all animals over the age of 5-years old prior to any anesthesia in addition to placement of an IV catheter. Those tests were normal on 8/17/17, and were indicated as normal on discharge instructions.

Anesthesia was induced and maintained the morning of 8/17/17 in the exact fashion as was performed on 3/10/16 (see attached). The anesthesia was unremarkable as indicated on

the attached medical record. The dental procedures were also routine, including ultrasonic scale and polishing of the arcade that was present (several missing teeth as noted on dental record). One tooth was extracted routinely. A reversal agent (Antisedan) was administered IV via a catheter after dental procedures were completed. Post-anesthesia parameters were within normal limits, and recovery was considered unremarkable. A long-acting post-operative analgesic was administered via injection (Buprenorphine SR) post-extubation. Kit was discharged to Ms. Stees' care later in the afternoon of 8/17/17 with instructions to initiate antibiotic therapy orally that evening.

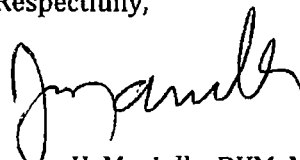
Follow-up phone communication was performed on 8/18/17, as noted in the medical record. There were comments made by Ms. Stees that Kit was acting "hostile" and not eating. A request for a follow-up examination by Continental Animal Wellness Center was declined by Ms. Stees. No further dialogue occurred between myself and Ms. Stees, either directly or indirectly.

Ms. Stees returned to Continental Animal Wellness Center on the morning of 8/21/17, as indicated in the medical record. I was not in the office that day, and Dr. Bruchman examined and treated Kit as indicated on the medical record. Several follow-up phone calls were made by Dr. Bruchman, and Kit ultimately was examined and treated later in the week at Westside Veterinary Clinic as noted in the medical record.

I learned of Kit's demise through a phone conversation with Dr. Toni Barnes on 8/23/17 (Dr. Barnes called Dr. Maciulla at Continental Animal Wellness Center). Dr. Barnes reported that Kit was in renal failure, and was humanely euthanized due to poor prognosis for recovery.

Although I am deeply saddened by the outcome of this case, I feel potential underlying disease and lack of the ability to obtain the patient's complete medical status prior to the procedure due to owner constraints, and absence of recommended anesthetic support with IV fluids could have contributed to the patient's demise. Differentials include unknown fulminate retroviral infection and potentially related renal compromise, unknown chronic renal insufficiency prior to procedure, renal neoplasia, or other anesthesia-related renal compromise.

Respectfully,

 10/30/2017

James H. Maciulla, DVM, MS

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., STE. 4600, PHOENIX, ARIZONA 85007

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Alex Casuccio, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christine Butkiewicz, D.V.M.
Mary Williams
Ed Hunter, R.Ph

STAFF PRESENT: Tracy A. Riendeau, CVT, Investigations
Sunita Krishna, Assistant Attorney General

RE: Case: 18-21

Complainant(s): Mea Stees

Respondent(s): James Maciulla, D.V.M. (License: 3888)

SUMMARY:

Complaint Received at Board Office: 9/22/17

Committee Discussion: 12/12/17

Board IIR: 2/21/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September 2013 (Yellow).

On August 17, 2017, "Kit," a 12-year-old male domestic short hair cat was presented to Dr. Maciulla for a dental procedure. Complainant declined blood work and the procedure was performed.

On August 21, 2017, the cat was presented Dr. Bruchman due to not eating since the dental procedure. Antibiotics were administered and the cat was discharged with an appetite stimulant.

The following day, the cat was presented to Westside Veterinary Clinic and diagnosed with azotemia. The hospitalized for treatment but was humanely euthanized the next day due to no improvement.

Complainant contends Respondent was negligent in the care of the cat.

Complainant was noticed and appeared telephonically.

Respondent was noticed and appeared telephonically. Counsel, David Stoll, appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Mea Stees
- Respondent(s) narrative/medical record: James Maciulla, DVM
- Consulting veterinarian(s) narrative/medical record: Toni Barnes, DVM – Westside Veterinary Clinic

PROPOSED 'FINDINGS of FACT':

1. On August 17, 2017, the cat was presented to Dr. Maciulla for a dental procedure with possible extractions. Upon exam, the cat had a weight = 11 pounds, 2 ounces, a temperature = 102.1 degrees, a heart rate = 160bpm and a respiration rate = purr. Complainant declined pre-surgical blood work and IV fluids, however, a glucose (117), HCT (39) and TP (8.1) were performed. The cat was anesthetized with ketamine and dexdomitor, intubated and maintained on isoflurane. Dental radiographs were performed, the teeth were cleaned and tooth 208 was extracted. The cat was administered antisedan and buprenorphine and recovered uneventfully. The cat was discharged later that day with Zeniquin 25mg, ½ tablet orally every 24 hours for 10 days.

2. The following day, Complainant relayed that the cat was acting hostile and not eating. Dr. Maciulla commented that the cat could be stressed from the procedure as well as having a reaction to the buprenorphine. Complainant agreed and elected to watch the cat over the weekend.

3. On August 21, 2017, the cat was presented to Dr. Bruchman, Dr. Maciulla's associate. Complainant stated that the cat had not eaten since the dental procedure. She was upset and rude to staff therefore Dr. Bruchman offered the option of seeking another vet if she was not comfortable with their care. Complainant felt that since Dr. Maciulla performed the dental on the cat, he should be the one seeing the cat. Complainant agreed to allow Dr. Bruchman to examine and treat the cat.

4. Upon exam, the cat had a weight = 10 pounds, 10 ounces, a temperature = 99.7 degrees, a heart rate = 140bpm and a respiration rate = 20rpm. Complainant stated that she had not been able to give the antibiotics and believes cat lost weight. She did not want to take the cat to an emergency facility over the weekend. Dr. Bruchman heard a heart murmur on left and right side of the chest – grade 3 – 4/6 and noted a moderate amount of mucous around both eyes and nostrils. The tooth extraction site was healed and the abdomen palpated non-painful.

5. Dr. Bruchman's tentative diagnosis was upper respiratory infection and other. Complainant did not want to administer oral antibiotics therefore an injection of convenia was given SQ. Dr. Bruchman discussed issues arising due to stress and the heart murmur due to dehydration, low blood pressure, and other. She recommended starting the cat on fluids; Complainant wanted to give fluids at home therefore Dr. Bruchman dispensed Saline, 200mLs SQ once a day. She also dispensed Mirtazapine 15mg to stimulate the cat's appetite. Dr. Bruchman recommended labwork if the cat did not improve.

6. On August 22, 2017, the cat was presented to Dr. Barnes at Westside Veterinary Clinic for a second opinion. Upon exam, the cat had a weight = 10.88 pounds, a temperature = 97.7 degrees, a heart rate = 140bpm and a respiration rate = 20rpm. Blood work was performed and revealed severe azotemia, hyperphosphatemia, hyperkalemia and a mild hypoalbuminemia and hyperglobulinemia. Dr. Barnes gave a guarded prognosis and recommended hospitalization for IV fluids, medications and observation; Complainant approved.

7. The following day, Dr. Barnes's associate, Dr. Siess, performed repeat blood work and relayed

them to Complainant. Due to no improvement, Complainant elected to humanely euthanize the cat.

COMMITTEE DISCUSSION:

The Committee discussed that this case involved a geriatric cat that came from a diseased environment. The cat was presented for a dental and Complainant declined blood work. The Committee felt that Complainant bears responsibility in this case due to declining blood work and fluid – Respondent could not know about a pre-existing condition without blood work being performed.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division